

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** ERCh Auth WR-88 (DM)

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit. Dec. Certs: 445-D, 446-D, 1032-D; GWC 3655-A;
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered. 3656A, 6530A 7332A Gw Permit + G4-28244P

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**CITY OF OMAK  
PO BOX 72  
OMAK WA 98841**

4a. Article Number

2105-6160

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7000 0520 0023 2105 6160  
7000 0520 0023 2105 6160

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

City of OMAK

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000

See Reverse for Instructions





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

May 14, 2001

CERTIFIED MAIL

City of Omak  
PO Box 72  
Omak WA 98841

**RE: Emergency Drought Change Authorizations (Declaration Certificates 445-D, 446-D, 1082-D and Ground Water Certificates 3655-A, 3656-A, 6530-A, 7332-A, and Ground Water Permit G4-28244P)**

Enclosed please find a copy of the Department of Ecology's Emergency Drought Change Authorizations. This report constitutes our determination and order regarding the above-referenced applications for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

This Order may be appealed pursuant to RCW Chapter 43.21B. The person to whom this Order is issued must file an appeal with the Pollution Control Hearings Board within thirty (30) days of receipt of this Order. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Fiscal Office, P.O. Box 47615, Olympia, Washington 98504-7615. All others receiving notice of this Order must file an appeal with the Pollution Control Hearings Board within thirty (30) days of the date the Order was mailed in the same manner described above.

Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010530a

Enclosures: Emergency Drought Change Authorizations

f-1ch.doc





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

May 14, 2001

Department of Health  
Eastern Drinking Water Operations  
1500 West 4th Avenue Suite 305  
Spokane WA 99204-1639

**RE: Emergency Drought Change Authorizations re: City of Omak  
(Declaration Certificates 445-D, 446-D, 1082-D and Ground Water Certificates  
3655-A, 3656-A, 6530-A, 7332-A, and Ground Water Permit G4-28244P)**

Enclosed is a copy of the Department of Ecology's Emergency Drought Change Authorization(s), which constitutes our determination and order regarding the above-referenced application(s). If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

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Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010530c

Enclosures: Emergency Drought Change Authorization(s)

f-10th.doc







STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

May 14, 2001

To: Gary Passmore, Colville Confederated Tribes

RE: Emergency Drought Change Authorizations re: City of Omak  
(Declaration Certificates 445-D, 446-D, 1082-D and Ground Water Certificates  
3655-A, 3656-A, 6530-A, 7332-A, and Ground Water Permit G4-28244P)

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Sincerely,

A handwritten signature in black ink, appearing to read "RFB", with a long horizontal line extending to the right.

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010530b

Enclosures: Emergency Drought Change Authorization(s)

f-10th.doc

